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Applicant or Patentee: <u>Joel B. Epstein</u> Serial or Patent No.:					
Filed or Issued:	AZATHIOPRINE FOR THE TREATMENT OF ORAL AUTOIMMUNE DISE	ASES			
For: <u>TOPICAL</u>	AZATHIOPRINE FOR THE TREATMENT OF GIGE AGYONIMISTE SIGE				
VER STAT	IFIED STATEMENT (DECLARATION) CLAIMING SMALL EN TUS (37 CFR 1.9(f) AND 1.27(c)) - SMALL BUSINESS CONC	TITY ERN			
I hereby deciare	e that I am				
	the owner of the small business concern identified below:				
$\boxtimes$	an official of the small business concern empowered to act on behalf of the identified below:	e ¢oncern :			
as defined in 13 under Section 4 concern, includ (1) the number concern of the periods of the fine concern copower to control		educed rees es of the s statement, allyear of the of the pay or indirectly, s or has the			
I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled					
TOPICAL AZA	THIOPRINE FOR THE TREATMENT OF ORAL AUTOIMMUNE DISEASES	<u> </u>			
by inventor(s) J	oel B. Epstein	<del></del>			
described in		•			
$\boxtimes$	the specification filed herewith	,			
	the application serial no, filed	:			
	patent no, issued	•			
	d by the above identified small business concern are not exclusive, each incomization having rights to the invention is listed below and no rights to the invention, other than the inventor, who could not qualify as an independent invertible and provide a small business concern under the provider of th	nvention are ntor under 37			

CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CF or a nonprofit organization under 37 CFR 1.9(e).

NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

		,	ey's Docke	No. 244/023			
NAME OR	AL SOLUTIONS, INC.						
		Floor, New York, NY 10019					
NAME	☐ Individual	Small Business Concern	☐ Nonprofit	Organization			
ADDRESS							
	Individual	Small Business Concern	☐ Nonprofit				
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b)).  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements verified statement is directed.  NAME OF PERSON SIGNING Michael Ferrari							
ILLE OF SE	RSON SIGNING Preside	nt 7 Seventh Ave., 48th Floor, New York, N	Y 10019				
SIGNATURE	Michael Fe	nani DATE 11/3/9	ag I				